

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

09/967 321

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		0		1		
5		0		X		
6		0		X		
7		0		X		
8		0		4		
9		0		4		
10		0		4		
11		0	1			
12		0				
13		0		4		
14		0		1		
15		0		X		
16				1		
17				1		
18				4		
19				4		
20				1		
21				2		
22				1		
23				1		
24				1		
25				4		
26				1		
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49						
50						
TOTAL IND.	1	0	3	0		0
TOTAL DEP.	15	0	4	1		0
TOTAL CLAIMS	16		44			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.		0		0		0
TOTAL DEP.		0		0		0
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS